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THE EFFECTS OF THE PART D DOUGHNUT HOLE ON MEDICARE PATIENTS WHO REQUIRE HIGH-COST MEDICATIONS

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OBJECTIVES: To examine the effects of the Medicare Part D doughnut hole on patients who require treatment with high-cost medications. **METHODS:** Using 2007 pharmacy claims from Medco Health Solutions, Inc., we used logistic regression analysis to examine the likelihood that patients' spending reached the doughnut hole ($2400) or catastrophic coverage ($5451), or total drug spending equivalents, for beneficiaries (enrolled for at least 6 months) with claims for cancer (N = 32,625), osteoporosis (N = 331,337), or rheumatoid arthritis (RA; N = 5,712) medications. A comparison group with other chronic conditions (N = 368,784) was matched to the study population by age, gender, geography, chronic disease score, and low-income subsidy (LIS) eligibility. Explanatory variables included plan type, coverage gap exposure, disease type, and demographic characteristics. **RESULTS:** Compared to patients with other chronic conditions (55%), patients with cancer (79%), RA (92%), or osteoporosis (58%) had higher odds of reaching the doughnut hole compared to patients with other chronic conditions (Odds Ratios [OR] = 19.3, 32.1, and 2.1, respectively, $p < 0.01$ for all). A similar pattern of increased odds was observed for reaching catastrophic coverage (OR cancer = 5.2, RA = 34.5, osteoporosis = 1.4, $p < 0.01$). Compared with standard prescription drug plan (PDP) enrollees, enhanced PDP enrollees were more (OR = 1.1, $p < 0.01$), Medicare Advantage enrollees were less (OR = 0.8, $p < 0.01$), and Retiree Drug Subsidy beneficiaries were as likely (OR = 0.99, $p = 0.88$) to reach the doughnut hole. Relative to enrollees without a coverage gap, beneficiaries with one were less likely to reach $2400 in spending (OR = 0.87, $p < 0.01$); but were more likely to reach catastrophic coverage (OR = 3.0, $p < 0.01$). **CONCLUSIONS:** Regardless of drug plan, the vast majority of Medicare beneficiaries in this study with cancer and RA, and most beneficiaries with osteoporosis faced large out of pocket drug costs. For beneficiaries with these conditions, available prescription coverage may not provide adequate protection from severe financial strain.

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RHEUMATOLOGIST INVOLVEMENT IN CARE OF PATIENTS WITH RHEUMATOID ARTHRITIS

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OBJECTIVES: To determine physician specialties involved in rheumatoid arthritis (RA) diagnosis and follow-up care. **METHODS:** A retrospective analysis was performed using PharMetrics" claims database. Patients newly diagnosed with RA (no RA diagnosis claim in prior 12 months) were identified from April 1, 2005, to June 30, 2006, and were followed for 1 year. Patients were required to have at least one additional RA diagnosis claim during the follow-up period and had to be continuously eligible 12 months before and after initial diagnosis date. Outcomes of interest were a) specialty of diagnosing physician b) percentage of patients receiving follow-up care by a rheumatologist versus other specialties. **RESULTS:** Of newly diagnosed RA patients (N = 13,633), 34% were diagnosed by a rheumatologist, 13% by general/family practice (GP), 13% by internal medicine (IM), and 30% by other specialties (11% were unknown). Of those diagnosed by a rheumatologist, 94% continued receiving rheumatologist care. Of those diagnosed by a GP, 57% continued to receive care from GP and 13% received care from other specialty; of those diagnosed by IM, 65% continued to receive care from IM and 8% received care from other specialty. Approximately 26% of those diagnosed by GP or IM received follow-up care from a rheumatologist. Irrespective of diagnosing physician specialty, the majority of patients (52%) were not followed up by a rheumatologist. **CONCLUSIONS:** This study demonstrates that the majority of RA patients are not diagnosed or followed by a rheumatologist. Future studies need to assess whether confirmation of RA diagnosis and follow-up by a rheumatologist, who has extensive training and experience in autoimmune disease, has an impact on patient outcomes.

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PHARMACY REFILL PATTERNS FOR SUBCUTANEOUS ANTI-TUMOR NECROSIS FACTOR AGENTS USED IN THE TREATMENT OF RHEUMATOID ARTHRITIS IN A MANAGED CARE SETTING

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OBJECTIVES: To examine pharmacy refill patterns of etanercept (ETA) and adalimumab (ADA) in the treatment of rheumatoid arthritis (RA) in a managed care population. **METHODS:** Medical and pharmacy claims (January 1, 2000–December 31, 2006) from a large managed care database were evaluated. Claims for all patients aged ≥18 years meeting the following criteria were included: ≥two diagnosis codes for RA, no pharmacy or medical history of any biologic use for 6 months prior to anti-TNF agent index date, anti-TNF agent index date occurring on or after the first RA diagnosis date, and ≥365 persistence days. Patients were excluded if they had a diagnosis of ankylosing spondylitis, psoriatic arthritis, psoriasis, Crohn's disease, or ulcerative colitis at anytime. Refill patterns were examined by calculating the mean time (days) between each pharmacy refill using NDC codes (actual refill days) compared to the mean days supplied on the claims (recommended refill days). Results were reported for the first year following anti-TNF agent initiation. **RESULTS:** A total of 1239 RA patients newly starting an anti-TNF agent were included (ETA = 902, ADA = 337). ETA patients were slightly younger than ADA patients (ETA = 48.8 years, ADA = 49.2 years, $p < 0.0001$). There was no significant gender difference between the two groups (ETA = 77% female, ADA = 75% female, $p = 0.29$). Mean recommended days supplied were 32 and 34 days for ETA and ADA, respectively. Mean days between actual ETA pharmacy refills were longer than recommended for 30% of the refill periods. Mean days between actual ADA pharmacy refills were longer than recommended for 28% of the refill periods. **CONCLUSIONS:** Approximately one-third of the actual pharmacy fills for ETA and ADA had a longer time to patient refill compared to the recommended days supply, which may indicate noncompliance.

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PRIMARY CARE VISITS IN RHEUMATOID ARTHRITIS PATIENTS RECEIVING INTRAVENOUS VERSUS SUBCUTAENOUS BIOLOGICS: A RETROSPECTIVE CLAIMS DATABASE STUDY

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OBJECTIVES: To determine whether patients diagnosed with rheumatoid arthritis (RA) receiving intravenous (IV) biologics are more likely to visit a primary care physician (PCP) than patients receiving subcutaneous (SC) biologics for their RA treatment. **METHODS:** A retrospective claims analysis was performed using PharMetrics Patient-Centric Database. RA patients receiving biologic therapy were identified from January 2003 to December 2006 and followed for at least 12 months after their first prescription for IV or SC biologic (defined as index date). Logistic regression analysis predicting PCP visits was conducted, controlling for covariates, such as age, gender, region, payer type, provider type, Charlson Comorbidity Index, and specific RA-related comorbidities found to be significant in univariate analysis. **RESULTS:** There were 1289 IV and 2543 SC patients included in the study. There were 73% females in the IV group vs. 71% in the SC group. Mean age was 58 years in the IV group and 53 years in SC group. The odds of having a PCP visit during follow-up period were 1.22 (95% CI-1.03, 1.44) times higher in the IV group as compared to the SC group, when controlling for covariates such as age and comorbidities. **CONCLUSIONS:** RA patients receiving IV biologics are more likely to maintain PCP visits compared to patients receiving SC biologics. Future study needs to determine if more frequent interaction with the health care system can lead to better general health care and the likelihood of receiving holistic care in patients receiving IV biologics.

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FIBROMYALGIA: RUSSIAN RHEUMATOLOGISTS' DISEASE MANAGEMENT

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OBJECTIVES: Fibromyalgia syndrome (FMS) is an under-diagnosed disorder, of unknown etiology, which affects over 5% of patients in general medical practice; to describe Russian rheumatologists' disease management of fibromyalgia patients. **METHODS:** The questionnaire was sent to a random sample of Russian practitioners, who were answering the same questionnaire as that used by French practitioners in 2003. **RESULTS:** Seventy-seven of the practitioners claimed that they prescribed a medical treatment to their patients suffering from fibromyalgia: 40% prescribed antalgics, 40% prescribed tricyclic antidepressants, 29% serotoninergic anti-depressants, 30% hypnotics/sedatives, 8 % homeopathic treatments and a little over 1% morphine derivatives. 67% claimed that they prescribed extra treatments for their patients suffering from fibromyalgia: 23% prescribed antalgics, 20% prescribed tricyclic antidepressants, 17% serotoninergic antidepressants, 24% hypnotics/sedatives, 9% homeopathic treatments and less than 1% morphine derivatives. 82.6 % recommended or prescribed other treatments to their fibromyalgic patients, namely: 36% acupuncture, 56% physiotherapy, 14% hypnotherapy, 36% spa treatment, 3% osteopathy and 38% relaxation techniques. 91.8% of the doctors advised regular physical exercise such as swimming and walking (71.9% and 65.6% respectively), with cycling being the activity least often advised, by 12.9% of the doctors. **CONCLUSIONS:** Treatment for fibromyalgia must be multidisciplinary and multifactorial, its main objective being relieving the patient of their symptoms and allowing them to return to their professional and leisure activities – to which treatment of the condition by Russian practitioners is a testimony.

SENSORY SYSTEMS DISORDERS – Clinical Outcomes Studies

PSS1

META-ANALYSIS OF BIOLOGIC THERAPIES FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: To assess the comparative efficacy of biologics for the treatment of moderate to severe psoriasis. **METHODS:** A systematic literature review was conducted to identify all randomized, controlled trials (until October 2008) evaluating the efficacy of approved biologics (adalimumab, efalizumab, etanercept, and infliximab) for the treatment of moderate to severe psoriasis. As regulatory approval of ustekinumab in this indication is anticipated shortly, three Phase 3 trials of ustekinumab were also included in this review. A network meta-analysis (NMA) conducted on